

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. SUZ0038-US
Applicant(s): KIYOSHI MATSUO ET AL.					
Application No. 10/593,250	Filing Date 05/11/2007	Examiner TRA, TUYEN Q.	Customer No. 36183	Group Art Unit 2873	Confirmation No. 7029

Invention: FATIGUE RECOVERY SUPPORT DEVICE

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

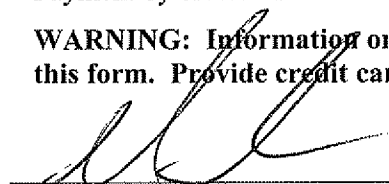
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	20 =	0	X 52.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	X \$220.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2613
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☐ Payment by credit card. Form PTO-2038

WARNING: Information on this form may become public. Credit card information should not be include on this form. Provide credit card information and authorization on PTO-2038



Signature

Dated: JUNE 15, 2009

MICHAEL BEDNAREK
REG. NO. 32,329
Paul, Hastings, Janofsky & Walker LLP
875 15th Street, N.W.
Washington, DC 20005

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450"[37 CFR 1.8(a)] on

(Date)

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

cc: